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PATENT

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DEC 16 2004

IN THE APPLICATION OF:

P. CHRISTOPHER GALLAGHER

CASE NO.: GAL-US1 (formerly GAL1.001)

SERIAL NO.: 09/912,591

GROUP ART UNIT: 3622

FILED: 25 JUL 2001

EXAMINER: JOHN L. YOUNG

FOR: ADMINISTERING INCENTIVE AWARD PROGRAM

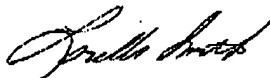
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NEW POWER OF ATTORNEY AND
CORRESPONDENCE ADDRESS INDICATION**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450*Via Facsimile to 703.872.9306*

Dear Sir:

Please find submitted herewith Form PTO/SB/81 executed by the applicant in which he revokes all previous powers of attorney and appoints the practitioner associated with Customer Number 37311 to prosecute the above-identified application.

No accompanying fee is believed due.

Respectfully submitted,

Loretta Smith
Attorney for Applicant
Registration No.: 45,116
35 South White Horse Pike Ste. 207
Audubon, NJ 08106
Voice: 856.547.0922

Dated: 16 December 2004

PTO/SB/01 (11-04)
Approved for use through 11/30/2005. OMB 0651-0030
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INDICATION FORM**

Application Number	09/912,591
Filing Date	26 Jul 2001
First Named Inventor	P. Christopher Gallagher
Title	Administering incentive award program
Art Unit	3622
Examiner Name	John L. Young
Attorney Docket Number	GAL-US1 (formerly GAL1001)

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I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

37311

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>P. Christopher Gallagher</i>	Date	11 Dec 2004
Name	P. Christopher Gallagher	Telephone	510.359.8288
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 1 forms are submitted.

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PTO/SB/97 (09-04)

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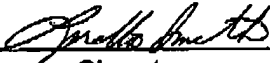
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45,116

Registration Number, if applicable

856.547.0922

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

App. No. 09/912,591

Docket No. GAL-US1 (formerly GAL1.001)

Form PTO/SB/81 (1)

Transmittal of Revocation of Power of Atty, New Power of Atty and Correspondence Address Indication

Page 1 of 1

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